

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002345**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000353
② Name ALUMINUM CO. OF AMERICA VERNON WORKS		Name OPERATING INDUSTRIES INC.		Name CHEMICAL WASTE MANAGEMENT INC.		
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CAT000646117		
Address 5151 ALCOA AVE. Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address P.O. BOX 1104 430 W. ELM AVE.		
City, State, Zip VERNON, CA. 90058		City, State, Zip MONTEREY PARK, CA.		City, State, Zip COALINGA, CA. 93210		

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 17 LIST COMPONENTS:			⑦ EX. HAZ. WASTE PERMIT NO.			⑧ GENERATING PROCESS ALUMINUM FABRICATION		
A.	CONC. UPPER	RANGE LOWER	UNITS	E.	CONC. UPPER	RANGE LOWER	UNITS	
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %				
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen								
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER								
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other								

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Gump* Signature of Authorized Agent and Title 12-11-81 Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		⑮ PICK-UP DATE 12-11-81	
⑭ NAME ASBURY OIL CO.		TIME 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. CAD028277036		⑯ <i>Jerry #11</i> Signature of Authorized Agent and Title	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392		⑰ 12-11-81 Date	
CITY, STATE, ZIP Gardena, California 90249			

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)		⑳ HANDLING OR DISPOSAL METHOD:	
⑰ NAME <i>Operating TSD Facility</i> QUANTITY (If Measured) 160882		<input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill	
EPA NO. CAD080012024 STATE FEE (If Any)		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO.		<input type="checkbox"/> Treatment (Specify)	
㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:			
㉒ NAME		㉓ <i>[Signature]</i> Signature of Authorized Agent and Title	
EPA NO.		12-11-81 Date Accepted	